L19000105394

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SEP 14 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration Division of C			
	DISTRIBUTION SERVICES LL	.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARCELA BOTTINELL	I	
		Name of Person	
	MB7 CORPORATE SERV	VICES LLC	
		Firm/Company	
	777 BRICKELL AVE SUI	TE 1210	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	MBOTTINELLI@UHY-M	ACHO.COM to be used for future annual report noti.	tinatian)
Ear further information		·	neation)
	n concerning this matter, please co	dii.	
MARCELA BOTTIN		305 503-2700 at ()	
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BECON DISTRIBUTION SERVICES LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Flor	rida Limited Liability Co	ompany)	
The Articles of Organization for this Limited Liability	v Company were file	ed on FLORIDA	and assigned
Florida document number L19000105394	• •		
Fiorida document number	·		
This amendment is submitted to amend the following:	:		94 2 4
A. If amending name, enter the new name of the li	imited liability com	pany here:	
BATES JESQUE FAMILY LLC			
The new name must be distinguishable and contain the words "L	imited Liability Compa	ny," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)		
			·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			•
B. If amending the registered agent and/or registe		on our records, <u>ente</u>	er the name of the new registered
agent and/or the new registered office address here	<u>e</u> :		
Name of New Registered Agent:			·
N D : 1000 AH			
New Registered Office Address:	Enter Florida street address		
	<i>(2)</i>	, F	Florida Zip Code
	City		zip Coae
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	d complete perform Lagent as provided	ance of my duties, For in Chapter 605	and I am familiar with and 5.5.5. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Remove
			□Change
			□Add
			□Remove
			□Change

ffective date, if other than the date of filing:		
ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed. Signature of a member or authorized representative of a member		_
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to be becoment's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed. Signature of a member or authorized representative of a member		
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